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CENTRAL FAX CENTER**MAY 01 2006****FAX TRANSMISSION****DATE:** May 1, 2006**PTO IDENTIFIER:** Application Number 09/284,683-Conf. #2670
Patent Number**Inventor:** Gregor Cevc**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Peter F. Corless**PHONE:** (617) 439-4444**Attorney Dkt. #:** 58070 RCF (47126)**PAGES (Including Cover Sheet):** 26**CONTENTS:** Amendment Transmittal (1 page), including duplicate copy;
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page), including
duplicate copy;
Response (20 pages);
Charge \$1,020.00 to deposit account 04-1105;
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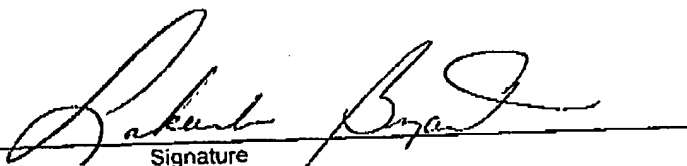
Application No. (if known): 09/284,683

Attorney Docket No.: 58070 RCE (47126)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 58070 RCe (47126)	
Application No. 09/284,683-Conf. #2670	Filing Date June 24, 1999	Examiner G. S. Kishore	Art Unit 1615		
Applicant(s): Gregor Cevc					
Invention: PREPARATION FOR THE TRANSPORT OF AN ACTIVE SUBSTANCE ACROSS BARRIERS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	53	- 53 =		X	
Independent Claims	2	- 3 =		X	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>1,020.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszc Hazzard Attorney/Agent Reg. No.: 44,368 EDWARDS ANGEIL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					Dated: <u>May 1, 2006</u>

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